

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLICANT NO.

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓	3	↓		↓
TOTAL DEP.	17	←	15	←		←
TOTAL CLAIMS	18		18			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.		↓			↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS						